

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | | ID NO. | DATE |
|---------------------------|----|---------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | MH | JCH/920 | 12-21-00 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 -+ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | ✓ | ✓ | 9/15/00 |
| 2 | - | - | 9/5/00 |
| 3 | - | - | 11/19/00 |
| 4 | - | - | 5/2/00 |
| 5 | - | - | 1/1/2000 |
| 6 | - | - | 1/1/2000 |
| 7 | - | - | 1/1/2000 |
| 8 | - | - | 1/1/2000 |
| 9 | - | - | 1/1/2000 |
| 10 | - | - | 1/1/2000 |
| 11 | - | - | 1/1/2000 |
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| 27 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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